

Indiana Joint Asthma Coalition (InJAC)
Member Contact Information

➤ Please provide the following information for the InJAC members.

Name _____

Title _____

**Organization/
Association** _____

Mailing Address _____

Phone Number () _____

E-mail Address _____

Please check workgroup that you would like to work with:

- **Data Collection and Surveillance** _____
- **Public Education** _____
- **Health Care Provider** _____
- **Environmental Quality** _____
- **Children and Youth** _____
- **Work-Related Asthma** _____